



Iowa Department of Human Services

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INFORMATIONAL LETTER NO.1313

DATE: November 6, 2013

TO: Iowa Medicaid Hospital, Physicians, Dentists, Podiatrists, Optometrists, Opticians, Pharmacy, Home Health Agency, Independent Lab, Ambulance, Medical Supply Dealers, Clinics, Rural Health Clinics, Chiropractors, Audiologists, Skilled Nursing Facilities, Rehab Agency, Intermediate Care Facilities, Community Mental Health Center, Mental Hospitals, Community Based ICF/MR, Psychologists, Hearing Aid Dealers, Orthopedic Shoe Dealers, Ambulatory Surgical Center, Certified Registered Nurse Anesthetists, Hospice, Clinical Social Workers, Federal Qualified Health Centers, Nursing Facility-Mental ILL and Advance Registered Nurse Practitioner Providers

FROM: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

RE: Inpatient Crossover or Inpatient Medicaid Duplicate Claims

EFFECTIVE: Upon Receipt

This Informational Letter is to clarify claim submission expectations after a claim has been processed by Medicare.

When a provider submits claims to traditional Medicare for Medicare/Medicaid beneficiaries, Medicare will process the claim, apply a deductible and/or coinsurance amount and automatically forward (crossover) the claim to the IME for payment of the deductible and/or coinsurance amount due. The exception to this process is Special Low Income Medicare Beneficiaries (SLMB). A SLMB member is not eligible for Medicaid wrap around services (payment of the Medicare deductible/coinsurance by Medicaid).

When a provider submits a Medicare Advantage claim for processing, the claim will not crossover to the IME from the Medicare Advantage Plan. Iowa Medicaid providers are required to use the IME Medicare Crossover Claim Forms, [470-4707](#) and [470-4708](#) and attach a copy of the Explanation of Medicare Benefits (EOMB) from the Medicare Advantage Plan. The crossover forms are located at www.ime.state.ia.us/Providers/ClaimsPage.html. The Medicare Crossover Claim Forms and attachments are submitted only after the Medicare Advantage Plan has processed the claim and established that a coinsurance and/or deductible is due.

Crossover forms are not to be used for submission of a claim when Medicare has denied the charge(s). Claims are not to be submitted to the IME until after the Medicare carrier has

processed the claim and the provider has received the EOMB. Submissions using either the CMS-1500 or UB04 claim form should include the denied EOMB that has been attached.

When a member does not have Medicare Part A coverage, Medicare Part B may pay for some of the charges associated with an inpatient stay. In these situations, the provider should submit a UB04 to Medicaid and bill for all of the charges related to the inpatient stay. This includes those charges that were billed to Medicare Part B. An EOMB must be attached to the Medicaid claim. Medicaid will use the typical reimbursement methodologies for inpatient hospital services, including calculation of the Diagnosis Related Group (DRG) and any appropriate inlier/outlier payment amounts. The Medicare Part B payment and any amounts Medicaid paid on the Part B crossover claim will be deducted from the calculated payment amount.

When a member becomes eligible for Medicare during part of the inpatient hospital stay, the provider should bill Medicare Part A for the dates of service that the member was Medicare eligible. The provider should also submit a UB04 to Medicaid; billing the charges related to the entire hospital stay. This includes those charges that were billed to Medicare Part A. An EOMB must be attached to the Medicaid claim. Medicaid will use the typical reimbursement methodologies for inpatient hospital services, including calculation of the DRG and any appropriate inlier/outlier payment amounts. The Medicare Part A payment and any amounts Medicaid paid on the Part A crossover claim will be deducted from the calculated payment amount.

If a provider submits a Medicaid only claim (billed on a UB04 or CMS-1500) and later discovers that the member is Medicare eligible, the Medicaid payment for the claim should be credited before submitting the claim to Medicare.

If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909, locally in Des Moines at 515-256-4609 or by email at imeproviderservices@dhs.state.ia.us.